

**DOMESTIC  
LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF AMENDMENT**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Partnership)

Pursuant to [31 MRSA §823](#), the undersigned limited liability partnership executes and delivers for filing this certificate of amendment:

**FIRST:** The name of the limited liability partnership has been changed to (if no change, so indicate)

\_\_\_\_\_  
(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP"; [31 MRSA §803-A](#))

**SECOND:** The name and or the business, residence or mailing address of the contact partner has been changed to (if no change, so indicate)

**Name**

**Address**

**THIRD:** Other amendments to the certificate, if any, that the partners determine to adopt are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

DATED \_\_\_\_\_

Partner(s)\*

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**For Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

---

\*Certificate **MUST** be signed by

- (1) at least one **partner OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**